

HUNTINGTON BUSINESS INCUBATOR

1268 New York Avenue
Huntington Station, NY 11746

Application for Participation & Membership

(Preference will be given to Huntington residents)

Name: _____

Home Address: _____

Is your annual personal income lower than \$68,000 (Please Check One)? ☐ Yes ☐ No

You must attach copies of your most recent state and federal tax returns with this application.

Business Structure (Please circle one)

☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Non-Profit ☐ Sub S Corp.

Business Name: _____

Taxpayer ID No. _____

Current Business Address: _____

Email Address: _____ Website: _____

Date Formed: _____

Is your business registered with State of New York? (Please circle one) ☐ Yes ☐ No

Are you an M/WBE? (Please circle one): ☐ Yes ☐ No

Present Number of Employees: _____ Part time _____ Full Time _____

General Liability Insurance Coverage (Please circle one) ☐ Yes ☐ No

If yes, which company? _____

Initial Capitalization (Please circle one)

☐ Less than \$10,000 ☐ \$10,001 to \$25,000 ☐ \$25,001 to \$50,000

☐ \$50,001 to \$100,000 ☐ \$100,001 to \$500,000 ☐ Over \$500,000

Principal Business Owner(s) [Use additional page if required]

Name: _____ Phone _____ Ownership% _____

Address: _____

Name: _____ Phone _____ Ownership% _____

Address: _____

Do you have a written business plan? (Please circle one)

☐ Yes – If yes, please attach ☐ No – If no expected date of completion? (MM/YY) _____

General Business Description and Objective for Next 3 Years (Note: If admitted member will be required to articulate in the Participation and Membership Agreement, specific and expected goals or milestones to be achieved in first year that will be subject to periodic reviews).

Indicate Type of Membership (Please check desired membership and services):

☐ **Weekly Pass \$50**

☐ **Mail box Charge:** Extra \$10/month for Monthly passholders only

☐ **Monthly Pass \$150**
(Member receives a key fob)

*Security deposit of \$100 will be taken for key fob use
*Security deposit of \$20 will be taken for mailbox key use

Desired Date of Occupancy? (MM/YY) _____/_____

Expected length of membership at the Incubator: _____

Please provide name, company and phone number of two business/trade references:

Name: _____ Company _____ Phone _____

Name: _____ Company _____ Phone _____

Current Bank _____ Bank Officer _____

Services Provided (Please circle one):

☐ Checking ☐ Savings ☐ Loan ☐ Line of Credit ☐ Investment

Accountant _____ Firm _____

Attorney _____ Firm _____

How did you hear about the Huntington Business Incubator?

Type of Business (Please Check One):

☐ High Tech ☐ Service ☐ Retail

☐ Manufacturing ☐ Professional ☐ Other (describe)

My signature below certifies that all the information contained in this application is true and complete. I authorize the Huntington Business Incubator to verify the information contained in this application by contacting bank, trade or other sources. The Huntington Business Incubator may exchange with or furnish information to others regarding its credit experience with me and I agree to release the Huntington Business Incubator from all liability that may result. I understand that this application, when submitted, becomes the property of the Huntington Business Incubator and that this application and any attachments of it will be retained by the Huntington Business Incubator whether or not my application is approved. I understand that because the Huntington Business Incubator is a municipal enterprise Huntington resident member applications will have priority. If approved for a Monthly Pass I agree to sign a Participation and Membership Agreement that spells out the terms and conditions for such use and I also agree to periodic reviews to determine my progress and continued membership.

Applicant Signature and Title

Date

Please mail or hand deliver your completed application with attachments to:

Huntington Community Development Agency
100 Main Street, Suite 309, Huntington, NY 11743
For more information or questions call: (631) 351-2881